

Qualitative interview study of patients, ambulance practitioners and emergency department clinicians' perception of prehospital pain management

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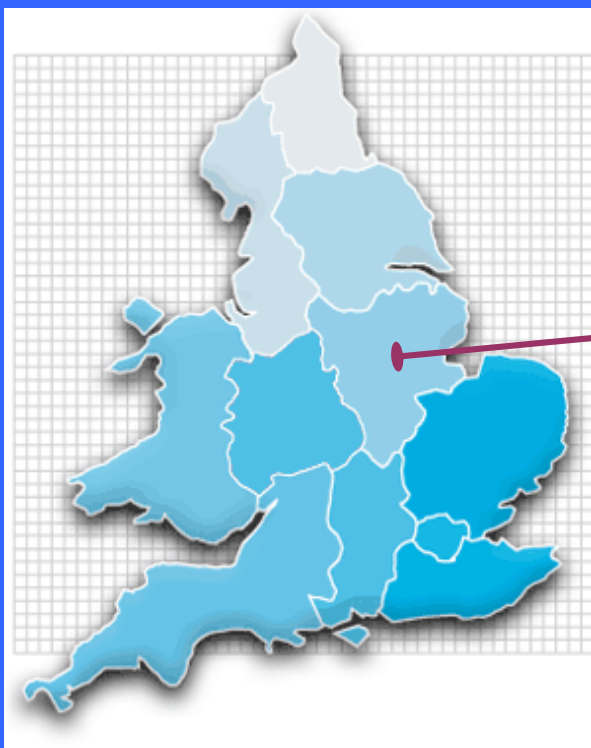
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BACKGROUND ... continued

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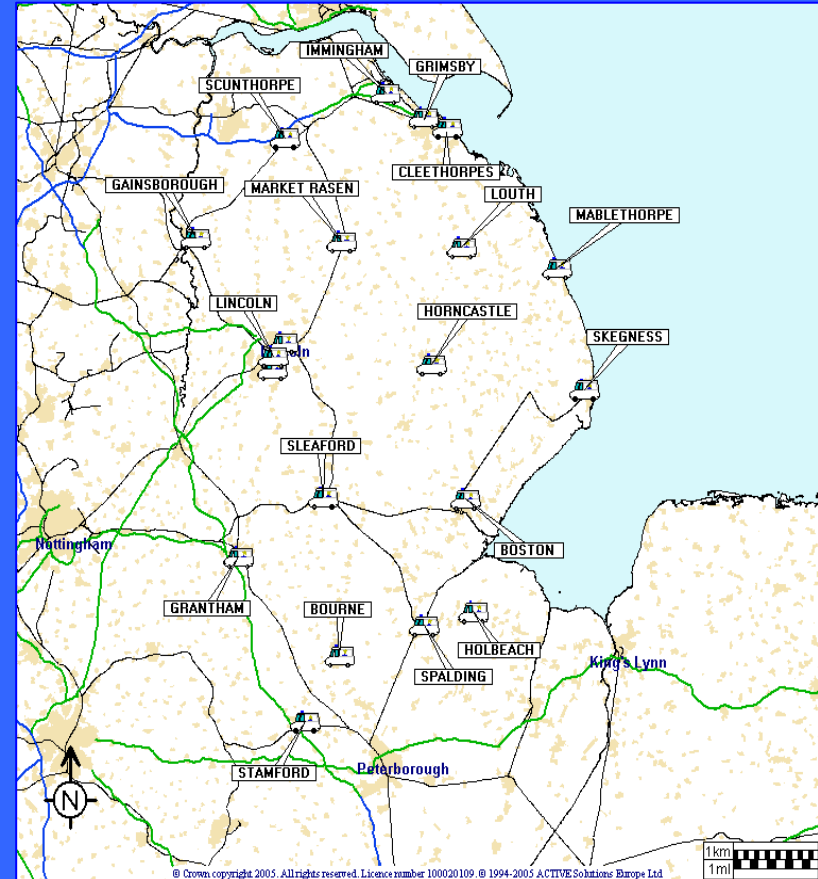
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BACKGROUND ... continued

- 3,000 staff at over 70 locations
- 500,000 - emergency calls / year
- 4.8 million – resident population
- 6,425 square miles – area covered



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BACKGROUND ... continued

- paramedics regularly deal patients with pain
- National guidelines emphasise early intervention
- resources available for assessment, treatment and reduction of pain
- prehospital pain management
 - an important determinant of subsequent pain in emergency department
 - clinically important and a key indicator of quality of service



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BACKGROUND ... continued

- 80% patients present to UK ambulance services with pain
- 20% of patients want more pain relief
5% feel ambulance crew do not treat pain adequately
- 85% of patients with Acute Myocardial Infarction (AMI)
75% of patients with fracture
- had a recorded pain score
- Fewer than a quarter of patients received opiates



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“Investigation of patient and practitioner views on improving pain management in the prehospital setting”



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Study objectives

- ❑ To investigate patient and practitioner views on their experiences of pain management and facilitators and barriers
- ❑ To improve management of pain in prehospital setting
- ❑ To develop a patient centred approach to prehospital pain management



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Research question(s):

- What are the attitudes, beliefs, expectations and concerns of patients and emergency healthcare staff regarding pre-hospital pain management?
- What constitutes optimal pain management in the prehospital setting from patient, practitioner and system perspectives?
- What are the barriers and facilitators of optimal pain management in the prehospital setting?



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METHOD Study design and setting

- A qualitative study
- Purposively sampled participants
- Data collection : focus groups (5) and interviews (28)
- Focus groups and Interviews
audio taped and transcribed verbatim
- Data analysis supported by using MAXQDA
- Thematic analysis to develop themes
- Lincolnshire division of EMAS : rural and urban areas

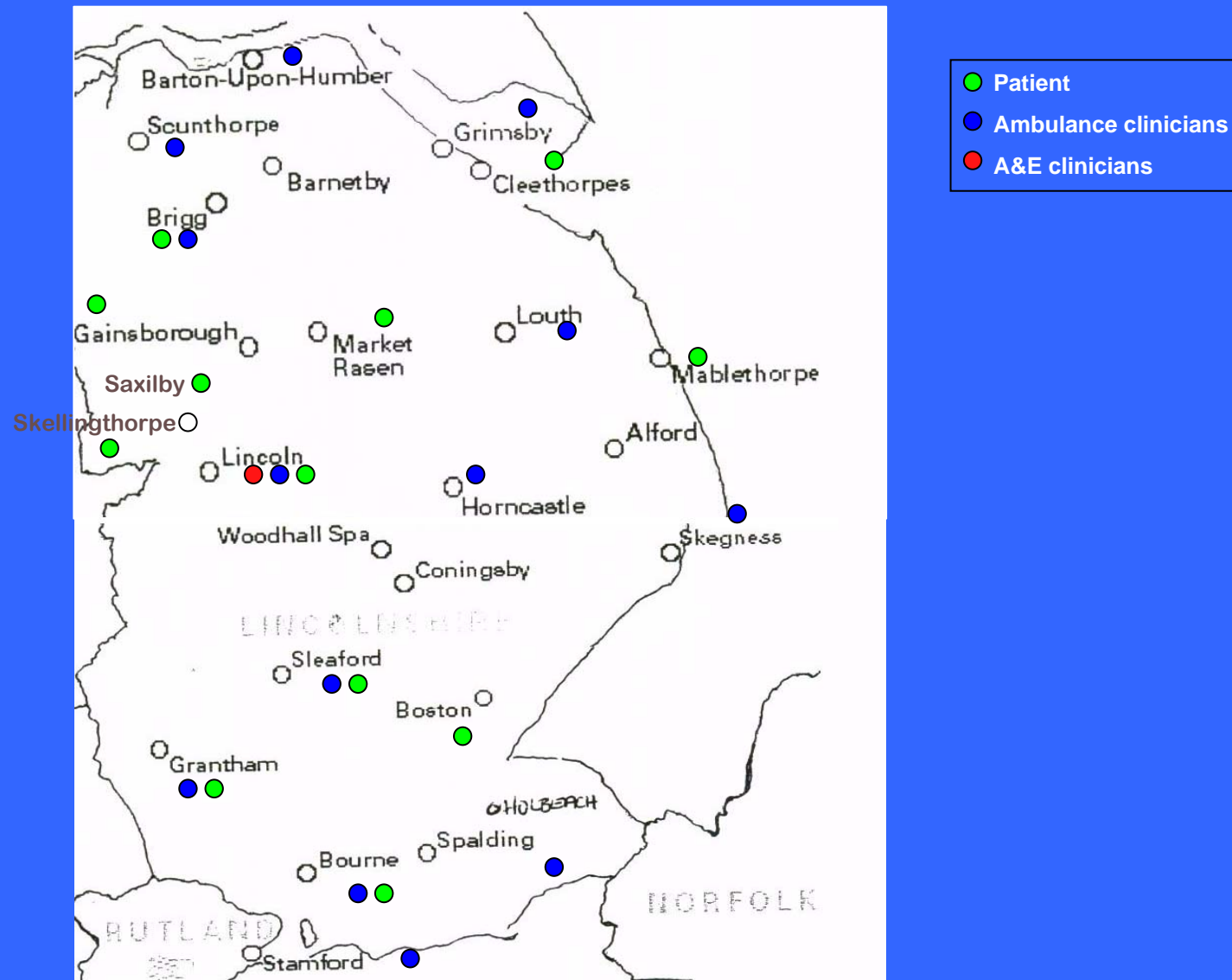
Ethics approval: Nottingham Research Ethics Committee 2 (Ref 0/H0408/112)



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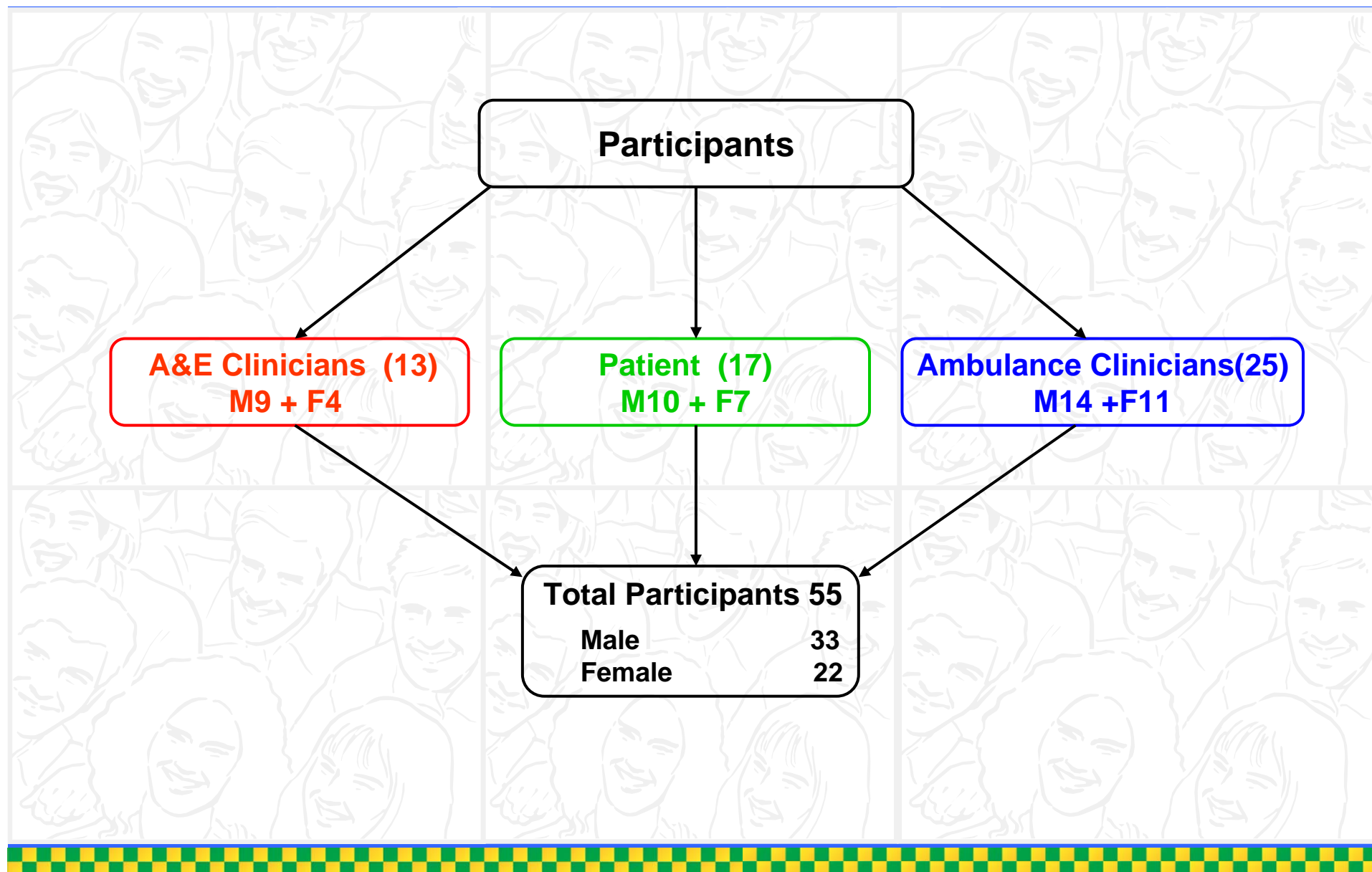
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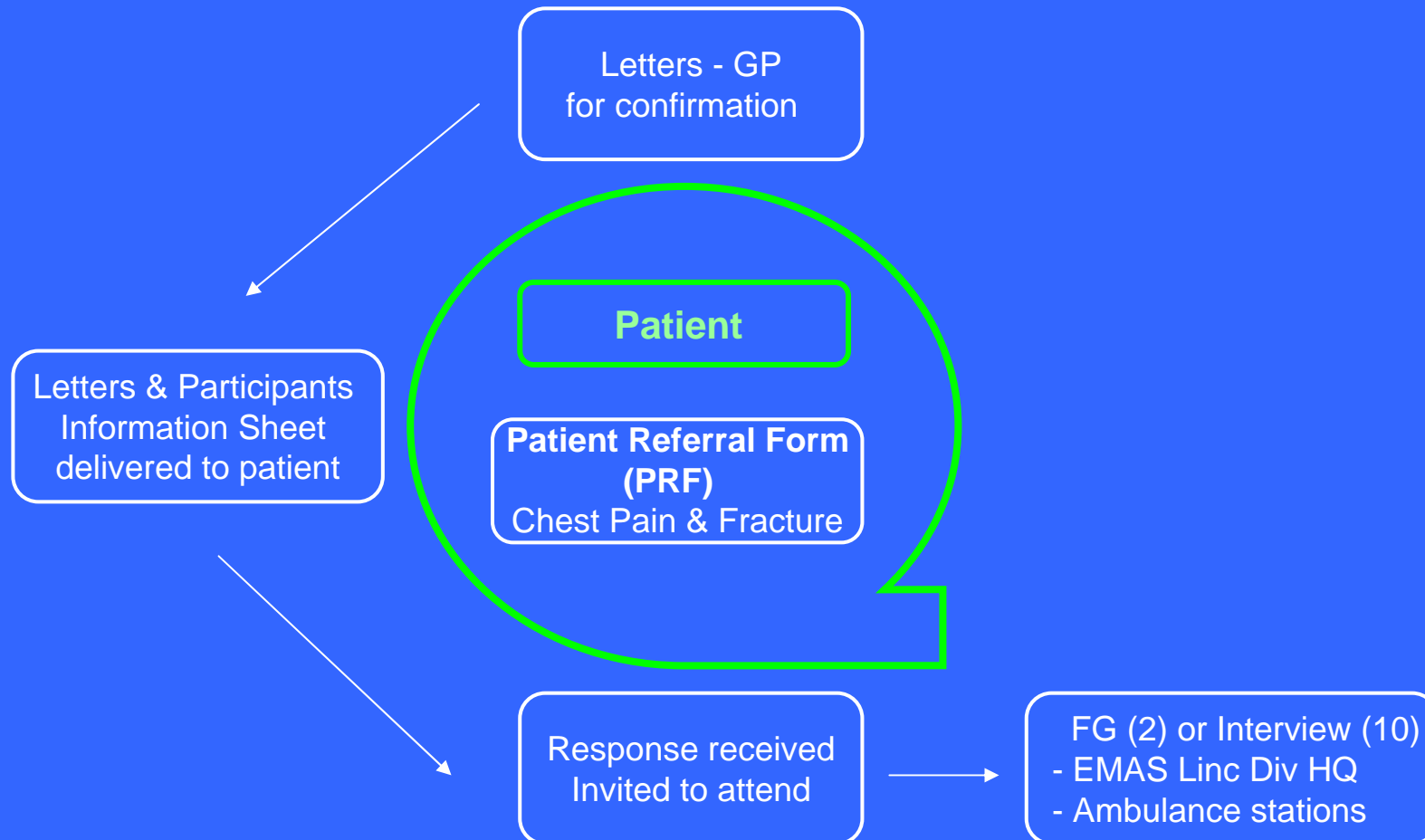


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Participants recruitment & Data collection

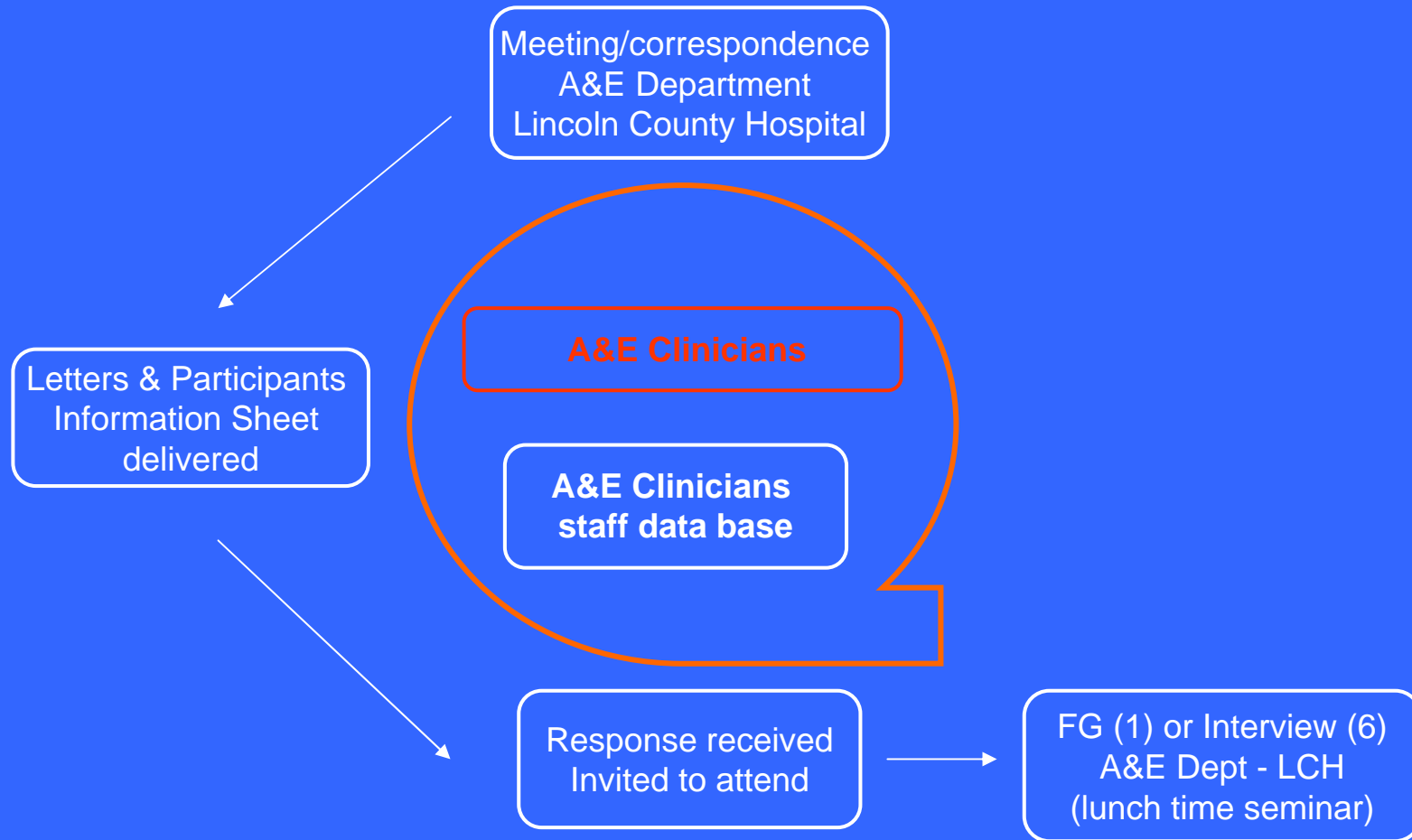


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Participants recruitment & Data collection

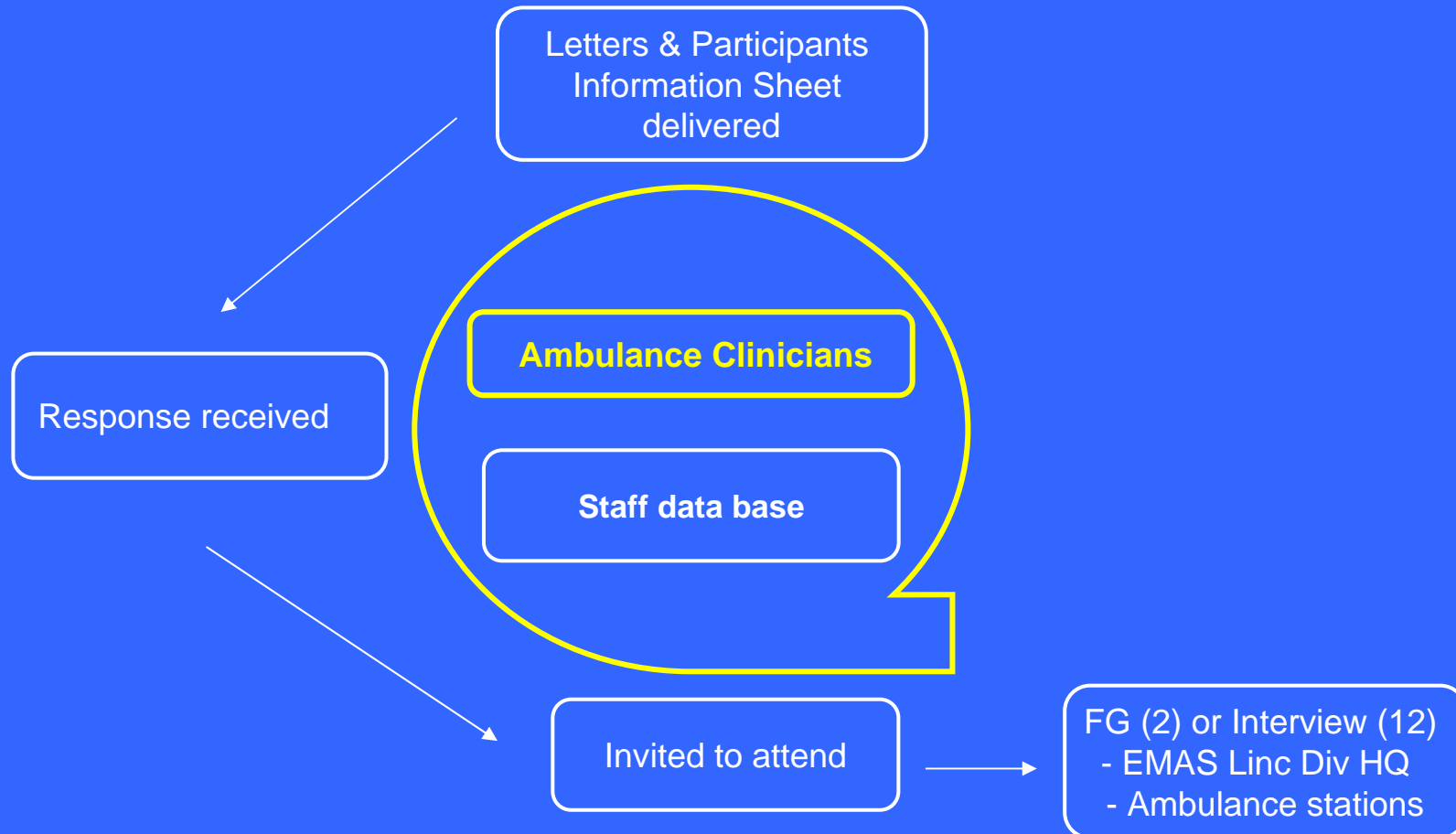


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Participants recruitment & Data collection



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Analysis

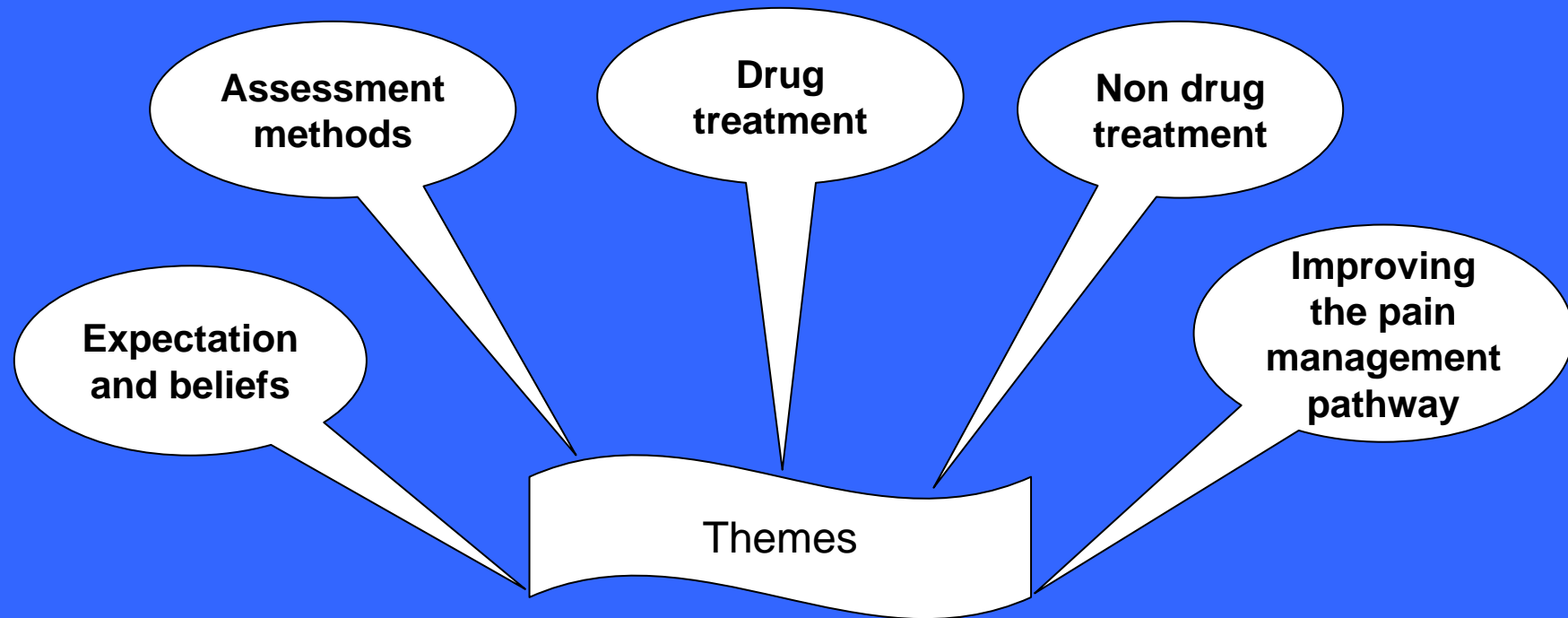


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Findings



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Expectation and beliefs

- immediate & whatever available to relieve pain
 - provide prehospital pain relief as norm
 - reassurance and professional approach
 - facilitated management in ED
-
- lacked awareness – options available
 - refusal and inadequate analgesia
 - defer pain relief until definitive treatment
 - limitation of time and resources
 - not to make condition better but to transport

"I was just grateful to have some relief from that pain ... it was something I couldn't deal with... just ...um wanted relief"
[Patient]

Patient would quite like to go to hospital pain free [Amb CI]



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Assessment methods

- verbal pain score , observation, non-verbal signs
- pain – relation to movement, clinical signs
- injury/illness – causation, severity/type
- experience(s) , distraction

Barriers to assessment

- individual variation, exaggerate or underplay
- communication, lack of clarity
- lack of cooperation
- older people, chronic condition
- influence of alcohol/substances

“Well we use the pain score ruler 0 to 10
0 being no pain and 10
being the worst pain
you’ve ever felt in your
life” [Amb CI]

I do tend to look at more
of what they are doing
...their body language
and facial expressions”
[Amb CI]



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Drug treatment for pain

- Entonox, intravenous (morphine), oral drugs
Morphine : most effective, confident to use,
- Drug selected –
cause of pain, travel time, route and
distance to hospital
- Non-analgesics – sometimes helped
- Self medication

Barriers to drug treatment

- refusal by patient (e.g. needle phobia)
- adverse effect, contraindications, interactions
- false belief, co-morbidity, limited choice
- special groups, suspected drug abusers

"The ambulance arrived, they came in, gave me their oxygen ...and then gave me morphine which seemed to take the pain away" [Patient]

"[Reluctant to give morphine] particularly if somebody is under the influence of something. Alcohol particularly"
[Paramedic]



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Non-drug treatment for pain

- Reassurance, informing
- connection, contact, distraction
- positioning, support, immobilising
- coping (by patient)

"I am able to give Entonox therapy but I often find actually simply making eye contact with the patient, reassuring them often I find alleviates some of their pain"
[Amb CI]



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Improving pain management pathway

- communication and information – A&E
- concern shown, structured questions, early assessment and intervention
- dignity and privacy
- practitioners' clinical judgement – to assess
- pain relief options/drugs, route proposed
- PGDs, alternative drugs and route allowing muscle relaxants & antispasmodics
- Shared protocol, training

“...A practitioner can give a variety of drugs and there is so many routes open to pick... I'd like to see some of them brought in for all paramedics to use... there is minimal training needed” [Amb CI]

“...One thing they should be thinking about is... to work with a joint protocol” [A&E CI]



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Lessons learned

- Areas of disagreement and agreement between patients and clinicians provided information to improve the pathway of emergency pain management



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Conclusion

The findings will be used to develop and validate -
a patient and practitioner reported outcome measure tool
for benchmarking and improving pain management in
urgent and emergency settings.



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Thank you for listening!

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